2141



May 9, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re: Change of Correspondence Application

Application number:

09/934093

Filing date:

08/21/2001

First named inventor:

Daniel Burnsten

Art unit:

2141

Examiner name:

SHINGLES, KRISTIE D

Attorney docket number:

BU23

Dear Commissioner for Patents:

Enclosed are six (6) Change of Correspondence Applications for the above-mentioned patent application. I respectively request that the correspondence address be changed to the address listed on the form, which corresponds to the address below.

Thank you for your assistance.

Sincerely,

Carl R. Crawford 20 Webster St., #404 Brookline, MA 02446

Cell: 617-335-3372

carl.crawford@ieee.org

PTO/SB/122 (09-04) Approved for use through 07/31/2006. OMB 0651-0035

09/934093

08/21/2001

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Date

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Total of <u>6-</u>

>113605

forms if more than one signature is required, see below*.

forms are submitted.

Application Number

CORRESPONDENCE ADDRESS	Filing Date		
Application	First Named Inventor	Daniel Burnstein	
Address to:	Art Unit	2141	
P.O. Boy 1450	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
Please change the Correspondence Address for the above-identified patent application to:			
The address associated with Customer Number:			
OR			
Firm or Individual Name Carl R. Crawford			
20 Webster St., #404 Address			
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄	
Country United States		•	
Telephone 617-335-3372	Fax 978-977-6805		
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I am the:			
Applicant/Inventor			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
Statement under 37 CFR 3.73(b) is enclo	osed. (Form PTO/SB/96).		
Statement under 37 CFR 3.73(b) is enclo Attorney or agent of record. Registration	,	·	

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Telephone

617-335-3372

CAPL CROWFORD

PTO/SB/122 (09-04)

09/934093

08/21/2001

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Application Number

Application	First Named Inventor	Daniel Burnstein	
Address to: Commissioner for Patents P.O. Box 1450	Art Unit	2141	
	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
Please change the Correspondence Address for the abo	ove-identified patent applicat	ion to:	
The address associated with Customer Number:			
OR			
Firm or Carl R. Crawford			
20 Webster St., #404			
City Brookine	State MA	Zip 02446-4964	
Country United States			
Telephone 617-335-3372	Fax 978-977-6805		
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I am the:			
Applicant/Inventor			
Assignee of record of the entire interest.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
Attorney or agent of record. Registration Number			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature			
Typed or Printed Name SEFFREY	B. STARFIEL	- D	
Date 3/3/05	Telephone 617-7	82-5884	
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Application Number

CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	08/21/2001	
Application OVP L	First Named Inventor	Daniel Burnstein	
Address to	Art Unit	2141	
Address to: Commissioner for Patents P.O. Box 1450	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR Firm or Individual Name Carl R. Crawford 20 Webster St., #404			
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄	
Country United States			
Telephone 617-335-3372	Fax 978-977-6805		
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Signature			
Typed or Printed Name JAY LEBED			
Date 3 2 05	Telephone 617,73		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			

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Application Number

CORRESPONDENCE ADDRESS	Filing Date	108/21/2001
Application	First Named Inventor	Daniel Burnstein
Address to:	Art Unit	2141
Commissioner for Patents P.O. Box 1450 MAY 1 6 2005	Examiner Name	SHINGLES, KRISTIE D
Alexandria, VA 22313-1450	Attorney Docket Number	BU23 .
PRADE		
Please change the Correspondence Address for the abo	ove-identified patent applicat	tion to:
The address associated with Customer Number:		
OR		
Firm or Individual Name Carl R. Crawford		
20 Webster St., #404 Address		
City Brookine	State MA	Zip ₀₂₄₄₆₋₄₉₆₄
Country United States		
Telephone 617-335-3372	Fax 978-977-6805	*
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I am the:		·
✓ Applicant/Inventor		
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
Attorney or agent of record. Registration Number		
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number		
Signature A Land,		
Typed or Printed JAMES M. KARET		
Date / 3/2/05	Telephone 308.70	zf.Z011
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if nore than one signature is required, see below.		
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CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	09/934093	
	Filing Date	08/21/2001	
	First Named Inventor	Daniel Burnstein	
	Art Unit	2141	
Address to: Commissioner for Patents P.O. Box 1450	Examiner Name	SHINGLES, KRISTIE D	
Alexandria, VA 22313-1450	Attorney Docket Number	BU23	
Please change the Correspondence Address for the abo	ove-identified patent applica	tion to:	
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Firm or Individual Name Carl R. Crawford			
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I am the:	•		
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Attorney or agent of record. Registration Number			
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number			
Signature Saul Brutter			
Typed or Printed DANIEL BURNSTEIN	or 617	-982-4536 943-4852	
Date 3 25 05	Telephone 617 -	943-4852	
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CORRESPONDENCE ADDRESS

Application OVPL

Application Number

First Named Inventor

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	Examiner Name	SHINGLES, KRISTIE D
	Attorney Docket Number	BU23
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OR		
Firm or Individual Name Carl R. Crawford	-	
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Attorney or agent of record. Registration Number		
Registered practitioner named in the appliexecuted oath or declaration. See 37 CFF		
Signature As es of Ce mil		
Typed or Printed Name George Wood		
Date Mg- 30, 2005	Telephone 480 - 421 -	9640
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
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